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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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December 15, 2003

Leonard T. Sprankle 4397 Camberly St. Cocoa, FL 32927

(321)258-0241

Ma Dec 18 by 1: 52

### TRANSMITTAL LETTER

| TO: Registration Section                                     |  |
|--|--|
| Division of Corporations                                     | 1  |
|  |  |
| SUBJECT: Leonard Sprankle Doors LLC                          |  |
| (Name of Limited Liab  | ility Company)   |
|  | Sign of the second seco |
| The enclosed Articles of Organization and fee(s) are submitt | ed for filing.   |
| Please return all correspondence con                         | illity Company)  sed for filing.  Incerning this matter to the following:  |
| Leonard T. Sprankle  | , .  |
| <u> </u>   | of Person)   |
| ·  |  |
| Leonard Sprankle Doors LLC                                   |  |
| (Firm/C  | 'ompany)   |
|  |  |
| 4397 Camberly St.  | <u></u>  |
| (Add   | dress)   |
| Cocoa, Fl 32927  |  |
|  | and Zip Code)  |
| (0.0).   |  |
| For further information concerning this matter, please call: |  |
| Leonard T. Sprankle at (                                     | 321258-0241  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)   |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ON THE PERSON NAMED IN COLUMN TO PERSON NAME | FILED !           |
|--|-------------------|
| M. O. Allas Sec. Flore   | 8 1.26<br>82.1.26 |
| · (7)  | 95                |

| Δ                | DI | TC | T.F. | Ι. | Na  | me: |
|------------------|----|----|------|----|-----|-----|
| $\boldsymbol{r}$ |    |    |      |    | 114 | m.  |

The name of the Limited Liability Company is:

| Leonard Sprankle Doors LLC |      |   |      |      |
|----------------------------|------|---|------|------|
|                            | <br> | · | <br> | <br> |
|                            |      |   |      |      |
|                            |      |   |      |      |

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address:  |  |  |
|---------------------------|-------------------|--|--|
| 4397 Camberly St.         | 4397 Camberly St. |  |  |
| Cocoa, FL 32927           | Cocoa, FL 32927   |  |  |
|                           |                   |  |  |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

| Leonard T. Sprank | Name                                     |
|-------------------|--|
| 4397 Camberly St. |  |
| Florida street a  | address (P.O. Box <u>NOT</u> acceptable) |
| Сосоа             | FLORIDA 32927                            |
| (                 | City, State, and Zip                     |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Registered Ageny's Signature

Page 1 of 2 (CONTINUED)

| Title:   | Name and Address:  | MISTORIAN SEE, FLORIDAS  |
|--|--|--|
| "MGR" = Manager  |  | The second   |
| "MGRM" = Managing Member                                 |  | 35.00 <b>3</b>   |
| MGR  | Leonard T. Sprankle  |  |
|  | 4397 Camberly St.  | 071.6  |
|  | Cocoa, FL 32927  | The state of the s |
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|  |  |  |
| (Use attachment if necessary)                            |  |  |
|  |  |  |
|  |  |  |
| NOTE: An additional article mus                          | st be added if an effective date is reque                  | sted.  |
| DECLINED STOLL STOLL                                     |  |  |
| REQUIRED SIGNATURE:                                      | 0 0  |  |
| Leonart  | Sprondle   |  |
| Signature of a member or                                 | an authorized representative of a member.                  |  |
| (In accordance with section                              | n 608.408(3), Florida Statutes, the execution              |  |
| of this document constitute that the facts stated herein | s an affirmation under the penalties of perjury are true.) |  |
| Leonard T. Sprankle                                      |  |  |
| Typed  | or printed name of signee                                  |  |

<u>Filing Fees:</u>
\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)